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Hawaii Dept. of Health, Office of Health Care Assurance
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER  KUAKINI GERIATRIC CARE, INC  O(4)1D  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSG IDENTIFYING INFOMALTON)  A Covid-19 Focused Infection Control and Relicensing Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on April 29, 2020. The facility was found to be in compilance with Title 11, Chapter 94.1 rules and regulations.  Total residents: 137	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  347 NORTH KUAKINI STREET HONOLULU, HI 96817   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A Covid-19 Focused Infection Control and Relicensing Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on April 29, 2020. The facility was found to be in compliance with Title 11, Chapter 94.1 rules and regulations.								
KUAKINI GERIATRIC CARE, INC    X4   ID   SUMMARY STATEMENT OF DEFICIENCIES   HONOLULU, HI 96817	125026			B. WING		04/29/2020		
(X4) ID PREFIX TAG  Initial Comments  A Covid-19 Focused Infection Control and Relicensing Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on April 29, 2020. The facility was found to be in compliance with Title 11, Chapter 94.1 rules and regulations.  HONOLULU, HI 96817  HONOLULU, HI 96817  ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  A Covid-19 Focused Infection Control and Relicensing Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on April 29, 2020. The facility was found to be in compliance with Title 11, Chapter 94.1 rules and regulations.								
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Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/14/20